TRICARE Fundamentals Course

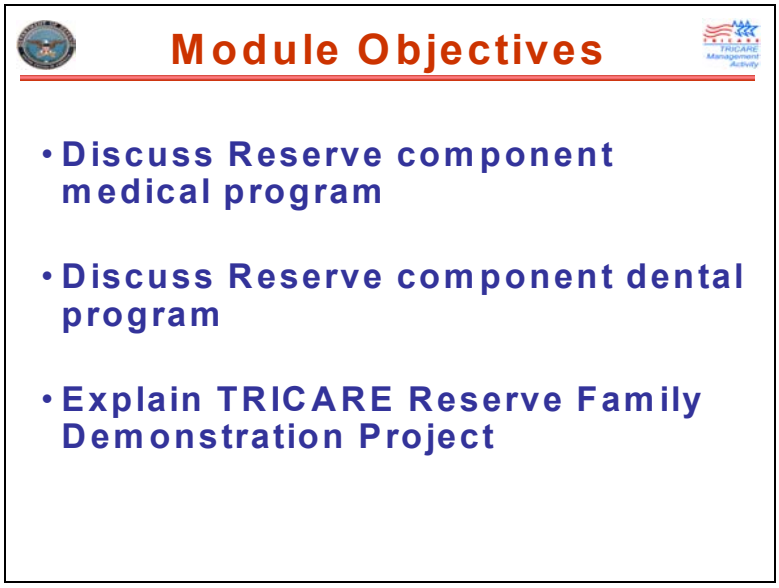
Module 6

Reserve Component

Participant Guide

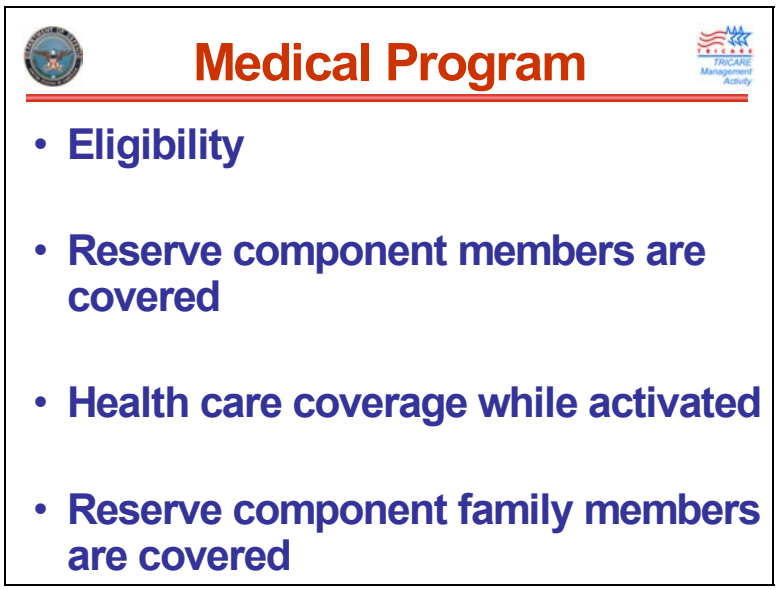
References
10 U.S.C.
32 CFR § 199.20
TRICARE Policy Manual 6010.47-M
TRICARE Prime Remote Active Duty Family Member Policy

Module Objectives



Reserve Component Medical Program

- Army National Guard
- Army Reserve
- Naval Reserve
- Marine Corps Reserve
- Air National Guard
- Air Force Reserve
- Coast Guard Reserve



Eligibility

The first and most important step for Reserve component (RC) sponsors is to ensure their information is kept updated in the Defense Enrollment Eligibility Reporting System (DEERS), and to enroll all eligible family members in DEERS.

All Reserve component members are enrolled in DEERS for identification and tracking purposes with their eligibility status for medical care listed as "ineligible". When the member is ordered to more than 30 consecutive days of active duty, the eligibility status for medical care changes to "eligible".

After the family members are enrolled in DEERS, they will be eligible for medical care *if* their sponsor has been ordered to more than 30 consecutive days of active duty.

- To enroll family members, the sponsor must go to a DEERS/RAPIDS (Real-time Automated Processing Identification System) location. To find a location:
  - Go to www.dmdc.osd.mil/rsl
  - Or call (800) 538-9552 (in California call (800) 334-4162)

- There are three ways to update address information:
  - Visit the nearest DEERS/RAPIDS location
  - Call the DEERS Telephone Center toll-free number at (800) 538-9552 (in California call (800) 334-4162)
  - Go online to www.tricare.osd.mil/deersaddress

Always keep DEERS information up-to-date and report any major changes. DEERS is the key to all benefits.

Note: Though TRICARE provides health care coverage, it does not decide questions of who is or who is not eligible to receive health care. Those determinations are made by the Reserve component member's uniformed service and at DEERS.

Reserve Component Members are Covered

- Reserve component members are covered when:
  - On military duty, such as weekend drill or a unit training assembly (UTA)
  - Or activated

When on Military Duty

- When on military duty, Reserve component members are covered for any injury, illness, or disease incurred or aggravated in the line of duty (LOD).
  - This coverage includes travel directly to or from the place where the Reserve component members perform their military duty.
  - To receive care, the member must have the appropriate line of duty paperwork.
- After release from active duty, Reserve component members are also covered for any injury, illness, or disease incurred or aggravated in the line of duty. They must also have the appropriate line of duty paperwork to receive care.
  - In order to facilitate follow up care after release from duty, it is recommended that the member's command or medical unit document this determination prior to the member's release.
  - The Reserve component members may obtain follow up medical care after the duty period if the member's command or medical unit has determined that the condition was incurred or aggravated in the line of duty.

Line of Duty Care

- To ensure access to medical care, eligibility documentation for line of duty related conditions must be provided to either the Military Treatment Facility (MTF) or the Military Medical Support Office (MMSO), as appropriate, to establish the member's eligibility for care.
  - To receive care at the nearest MTF, the Reserve component member's Command or medical unit must contact the MTF's patient administration for an appointment

- If local MTF medical care is not available within distance access standards, the Reserve component member's Command or medical unit may request civilian medical care authorization from the MMSO through the Reserve component procedures at:
  - http://mmso.med.navy.mil/MMSO_Reserve_Component.html
  - Or call the toll-free number at (888) 647-6676.
- *Note:* MMSO uses the TRICARE Prime Remote Zip code checker at www.tricare.osd.mil/remote to determine if the member resides more than one hour driving time from the MTF.

- For emergency medical care, Reserve component members will go to the nearest civilian, military, or Veterans Affairs hospital that has emergency care capability to receive immediate medical care. As soon as possible, members must notify their Command or medical unit of the care and obtain instructions on submitting the medical claim and eligibility information to the MMSO or MTF, as appropriate.
- For routine medical care, Reserve component members must notify their Command or medical unit prior to seeking care to establish that the condition is not "in the line of duty" connected and is a covered benefit.

Health Care Coverage While Activated

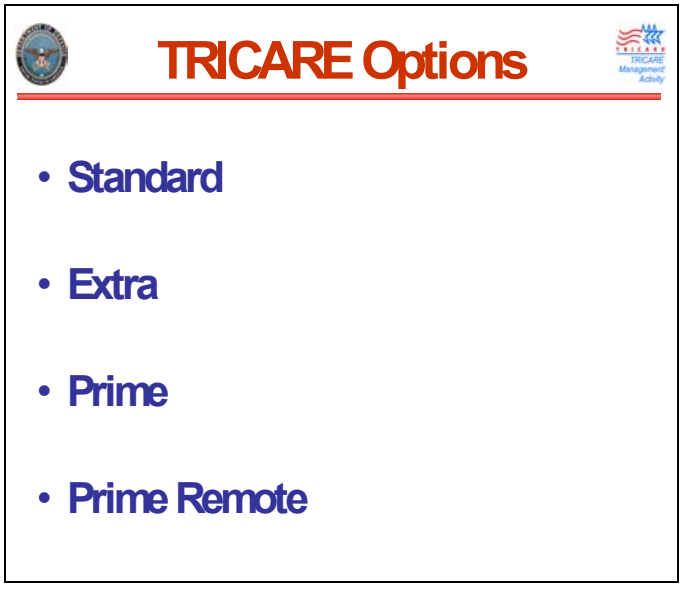
- Upon being called to active duty for more than 30 consecutive days, to include National Guard members ordered to duty under 32 U.S.C. § 502 (f), Reserve component members are eligible for medical and dental care at any uniformed services military treatment facility/dental treatment facility (MTF/DTF) effective the date of their orders.
  - If the member is reporting to a duty station inside the fifty United States:
    - Normal enrollment procedures are to be followed for the ZIP code of that duty station
    - And the member is to take action to enroll in TRICARE Prime or TRICARE Prime Remote (TPR)
  - If the member is reporting to a duty station outside the fifty United States, the member will:
    - Remain eligible for TRICARE
    - Obtain care in accordance with normal procedures overseas
    - Not enroll in TRICARE Prime unless directed to enroll into the appropriate TRICARE Overseas Program Prime by the overseas TRICARE Area Offices in accordance with Service guidance

Reserve Component Family Members Are Covered

- When the Reserve component member is on active duty for more than 30 consecutive days, their family members are eligible for TRICARE benefits on the first day of the member's orders to active duty.
  - Family members will have the same TRICARE options available to them as active duty family members.
  - TRICARE options they are eligible for are TRICARE Standard, TRICARE Extra, TRICARE Prime, and TRICARE Prime Remote for Active Duty Family Members (TPRADFM).
  - The family should decide about health care coverage options if and when their sponsor is activated and/or deployed. They should compare the features and costs of:
    - Each TRICARE option,
    - As well as their civilian employer-sponsored health plan.

Note: Hereafter, when we discuss Reserve component family members (RCFM), we mean that the sponsor has been activated for more than 30 consecutive days.

TRICARE Options



Details about each option are available at www.tricare.osd.mil/reserve/#.

TRICARE Standard

- The Reserve component family member (RCFM) chooses the authorized TRICARE provider.
- RCFMs may be able to keep their current provider.
- The provider is not required to be part of TRICARE civilian or a military network, but must be a TRICARE-authorized provider.
- RCFM enrollment is not required to participate.
- RCFMs have a 20 percent cost share and copay.
  - Retirees and retiree families under age 65 have a 25 percent cost share and copay.
  - Retired Reserve component members are not eligible for TRICARE until age 60, and they are collecting retirement. They are treated the same as active duty retirees.

	Annual Deductible for an Individual	**Annual Deductible for a Family**
Reserve component family member of E-1 to E-4	$50	$100
Reserve component family member of E-5 and up; and all others	$150	$300

Note: If sponsors are called in support of certain operations, their families' deductibles may be waived. They are responsible for their cost share as in Operations Noble Eagle and Enduring Freedom.

TRICARE Extra

- The RCFM chooses the authorized TRICARE provider who is part of the TRICARE network.
- No claim forms are needed.
- RCFMs have a 15 percent cost share and copay.
  - Retirees and retiree families under age 65 have a 20 percent cost share and copay.
  - Retired Reserve component members are not eligible for TRICARE until age 60, and they are collecting retirement. They are treated the same as active duty retirees.
- Enrollment is not required to participate.
- The RCFM may use a combination of the TRICARE Extra and TRICARE Standard programs depending on use of providers inside or outside of the network.

	Annual Deductible for an Individual	Annual Deductible for a Family
Reserve component family member of E-1 to E-4	$50	$100
Reserve component family member of E-5 and up; and all others	$150	$300

Note: If sponsors are called in support of certain operations, their families' deductibles may be waived. They are responsible for their cost share as in Operations Noble Eagle and Enduring Freedom.

TRICARE Prime

- Enrollment Requirement
  - TRICARE Prime is the only TRICARE option RC members (activated for more than 30 consecutive days) are eligible for
  - They must enroll when assigned within the fifty United States, and
  - Enrolled when directed when assigned outside the fifty United States
  - For Reserve component family members:
    - The 20th of each month is the cut-off date for all new enrollments for the following month.
    - After the 20th, enrollment is effective the first of the second month.
    - In the interim, the family may use one of the other TRICARE options. In many cases, MTFs may honor enrollments and provide care for eligible family members of Reserve component members once the enrollment form has been submitted.
    - Enrollment is for 12-month period.
    - Reenrollment is automatic.
    - RC retirees are sent a letter 15 days before their anniversary date of enrollment.
    - TRICARE notifies beneficiaries of annual automatic reenrollment unless they want to disenroll.
    - Enrollment is open year round for RC members and eligible family members

- Enrollment Process
  - To enroll in TRICARE Prime, eligible beneficiaries must be enrolled in DEERS and must complete an enrollment application by visiting the local TRICARE Service Center (TSC) or downloading the enrollment form from the TRICARE Web site (www.tricare.osd.mil/enrollment/index.cfm). Beneficiaries should return the completed application to desired TSC.
  - The Reserve component beneficiary should contact the local TSC or MTF for the name of the primary care manager (PCM).
- Delayed Prime Enrollment
  - When RC members are called to active duty and report for 30 days of medical screening, they will automatically be covered by TRICARE Prime, with the exception that they will successfully complete medical screening during the first month of activation.
  - After successful completion of the medical screening, the RC member's family members will be able to enroll in TRICARE Prime, if they choose to do so (and if they meet other requirements for TRICARE Prime eligibility).

- General
  - TRICARE Prime enrollees receive most of their health care within an MTF, with augmentation from providers in the TRICARE network.
  - There is no cost to the RC members and their families for:
    - All treatment in any MTF, and
    - Preauthorized outpatient and inpatient treatment in a civilian facility.
  - No deductibles are applied.
  - Benefits include additional wellness and preventive care services.

- Reserve Component Retirees
  - Retirees and their families have a yearly TRICARE Prime enrollment fee of $230 for an individual or $460 for a family of two or more.
  - Reserve Component Retirees and their families are not eligible for TRICARE medical benefits until the sponsor becomes 60 years old and is collecting retirement.
  - Outpatient treatment in a civilian facility is $12 per visit.
  - Inpatient treatment in civilian facilities is $11 per day ($25 minimum charge per admission).

- TRICARE Prime enrollees are assigned to a PCM who:
  - Provides and coordinates their care.
  - Refers them to specialists, if necessary.
  - Maintains health records.
    - If the PCM is in the network, advise the beneficiary to get a copy of their record prior to their sponsor separating from active duty service.
    - The beneficiary may be charged for copying the record.

Referral for Specialty Care

- When beneficiaries are referred for specialty care by their PCM, the PCM must write a referral or consult. Beneficiaries are responsible to make sure that specialty care is authorized by their managed care support contractor (MCSC) for their region before they go to the appointment. Getting the referral authorized can happen in at least two ways:
  - Beneficiaries take the written referral/consult from the PCM and obtain an authorization by calling their MCSC toll-free number and speaking to a Health Care Finder (HCF).
    - The HCF may make the appointment for the beneficiary.
    - Or the beneficiary may make the appointment.
  - The PCM sends the consult electronically to the MCSC, and, after waiting at least 48 hours so the consult can clear through the HCF, the beneficiary calls the MCSC toll-free number to make an appointment.
    - Some MCSCs will send letters to beneficiaries with the name of the provider and the authorization or referral.
    - The MCSC may include the date and time of the appointment or tell the beneficiary the provider's name so the beneficiary may contact the provider to make an appointment.
- The beneficiary should always take a copy of the consult and the address and phone number of the PCM to the referral/specialty appointment.
- Beneficiaries should be reminded that if they do not get an authorized referral, they will end up paying out-of-pocket. The Point-of-Service Option (POS) will be applied.

Note: Determining whether TRICARE Prime exists where the sponsor or family member lives is important. For instance, if a family chooses to move to a new location when the sponsor gets deployed, TRICARE Prime may not be offered in that new location. A TRICARE Prime service area is usually within 40 miles of an MTF. Beneficiaries can use the "ZIP Code Search" on the TRICARE homepage to determine which region they live in at www.tricare.osd.mil.

- POS Option
  - The POS option allows TRICARE Prime enrollees to receive non-emergency, TRICARE-covered services from any TRICARE-authorized provider without a referral from their PCM or authorization from an HCF.
  - Using the TRICARE Prime POS option is more costly to the enrollee.

Charges	Individual	Family
Deductible per fiscal year	$300	$600
Cost shares for outpatient claims	50% of TRICARE-allowable charge after annual deductible is met	
Cost shares for inpatient claims	50% of TRICARE-allowable charge after annual deductible is met	
Any additional charges by non-network providers	Beneficiary's responsibility; up to 15% above the allowable charge is permitted by law.	

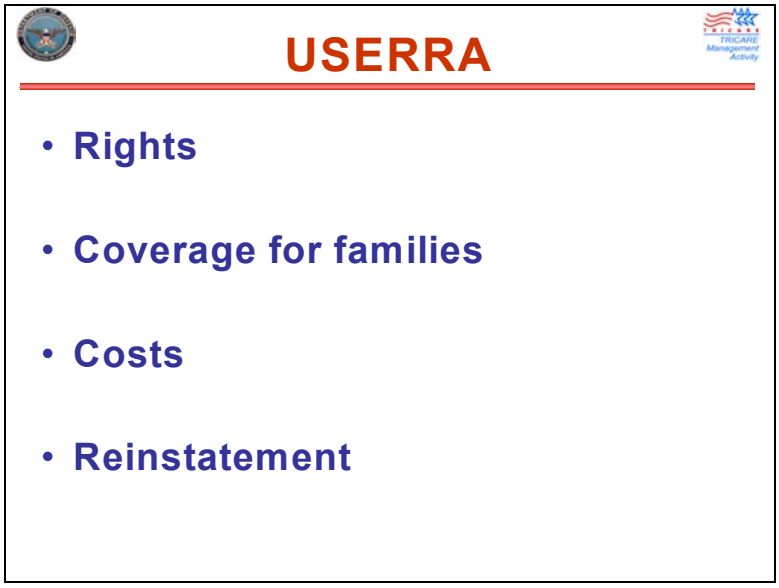
Note: POS cost sharing also may apply to services received from a TRICARE Prime network provider if the beneficiary did not receive the proper authorization for care from the PCM and the HCF. The POS charges do not apply to care received under TRICARE Extra or TRICARE Standard.

- Reserve Component Health Care Benefits Brochure: emphasizes the need for preplanning and can be found online at www.tricare.osd.mil/tricaresmart/product.aspx?id=58&CID=75&RID=3

  - In simple, easy terms, the Reserve component health care benefits brochure provides a broad overview of TRICARE options:
    - Dental coverage
    - Employer-sponsored health insurance options
    - Important resources
    - TRICARE regions
    - Deployment checklist
  - The checklist in the brochure is a quick tool that the Reserve component member and family can go through to make sure important things get done before deployment. It can also serve as an ongoing list that Reserve component members can use to make sure that things are in place before the next activation.

- Additionally, check out the Guide to Reserve Family Member Benefits at www.defenselink.mil/ra/mobil. This book provides information about military benefits (to include legal assistance, pay, travel, etc.) available to Reserve component family members.
- Finally, the TRICARE Web site has an entire online site for the Reserve component at www.tricare.osd.mil/reserve/index.cfm

Uniformed Services Employment and Reemployment Rights Act (USERRA)



- USERRA is the Uniformed Services Employment and Reemployment Rights Act
- Under USERRA, Reserve component members
  - Have rights concerning their employer-sponsored health plan
  - Should review their rights under this act
  - Should know their employers' policies regarding health coverage if they are deployed
- When on active duty, the family members may continue their coverage under the member's employer-sponsored health plan for up to 18 months under USERRA:
  - Members must notify the employer that they want to continue coverage; otherwise, the family may be dropped from the employer-sponsored health care plan.
  - If members continue their employer-sponsored coverage for their family while on active duty for more than 30 days, members may have to pay some or all of the plan's premium:
    - The maximum the member could be charged is 102 percent of the full premium, which includes the employee share, employer's share, and a 2 percent administrative fee.
    - Employers can establish their own rules within these limits.
  - For members on active duty for 30 days or fewer, the employer may not charge more than the employee's share for the coverage.

- If members choose not to continue coverage under their employer-sponsored health plan while on active duty
  - The member and any previously covered family members are entitled to be reinstated in their employer-sponsored health plan when they return to work
    - Without a waiting period
    - Without penalty for preexisting conditions (other than a service-connected disability)

Note: More information is available online at the U.S. Department of Labor, Frequently Asked Questions for Reservists Being Called to Active Duty
www.dol.gov/ebsa/faqs/faq_911_2.html

Reserve Component Dental Program

When not activated, Reserve component members and their families are eligible to enroll in the TRICARE Dental Program (TDP).

- The TDP is offered by the Department of Defense through TRICARE Management Activity (TMA).
- United Concordia Companies, Inc. (UCCI) administers and underwrites the TDP for the TMA.
- The TDP is a voluntary dental insurance program for:
  - Eligible family members of all active duty uniformed services personnel, and
  - Members of the Selected Reserve (SELRES) and Individual Ready Reserve (IRR) and their eligible family members.
  - Eligibility is determined in DEERS.

When Reserve component members are activated for more than 30 days, they are automatically removed from the TDP, because they have become eligible for the same dental care active duty members receive at dental treatment facilities free of charge.

- Family members of Reserve component members, when enrolled in the TRICARE Dental Program, are responsible for the full premium.
- When the RC sponsor is activated for more than 30 consecutive days, the family members' share of the premium cost is reduced to 40 percent–the government pays the rest.

Enrollment

- All new enrollees must continue in the TDP for at least 12 months (lock-in period):
  - Anyone failing to pay premiums or disenroll for other than a valid reason will be prohibited from reenrolling in the program for 12 months (lock-out period).
  - RC family members are not bound by the 12-month minimum enrollment commitment if:
    - The RC sponsor is ordered to active duty in support of a contingency operation, and
    - They enroll within the first 30 days of the RC sponsor's active service.
    - RC family members must remain enrolled during the entire active duty period in support of the contingency operation, for up to 12 months.
- SELRES and IRR sponsors can enroll independently of their family.
- Family members can enroll independently of the sponsor.
- Families who had previously declined TRICARE dental coverage but who wish to enroll after their sponsors are activated will be able to join at active duty family rates during the first 30 days.

Plans

- Single, one eligible member is covered.
- Family consists of two or more covered family members.
- Enrollment in the TDP is handled by United Concordia Companies.
- Enrollment forms and information are available on-line at www.ucci.com/was/ucciweb/tdp/tdp.jsp.
- UCCI's toll-free numbers are:
  - For general information (800) 866-8499
  - To enroll (888) 622-2256

Cost to the Beneficiary

TDP Monthly Premiums (February 2005–January 2006)

Coverage Type	Active Duty	SELRES & IRR (Mobilization Category)	IRR (Non-Mobilization Category)
Sponsor Only	N/A	$9.32	$23.31
Single(One Family Member)	$9.32	$23.31	$23.31
Family (Two or More Family Members)	$23.31	$58.27	$58.27

The sponsor SELRES and IRR payments are separate from their single and family member payments.

To illustrate, the total cost for SELRES & IRR (Mobilization Category) sponsor and family of three would be:

Sponsor	$ 9.32
+ Family	$58.27
Total	$67.59

If the Reserve component member is called to active duty, the family premiums fall to the active duty family rates. Active rates are 40 percent of the premium—the government picks up 60 percent of the cost.

RC members leaving active duty status (who were previously enrolled) are automatically reenrolled in the TDP.

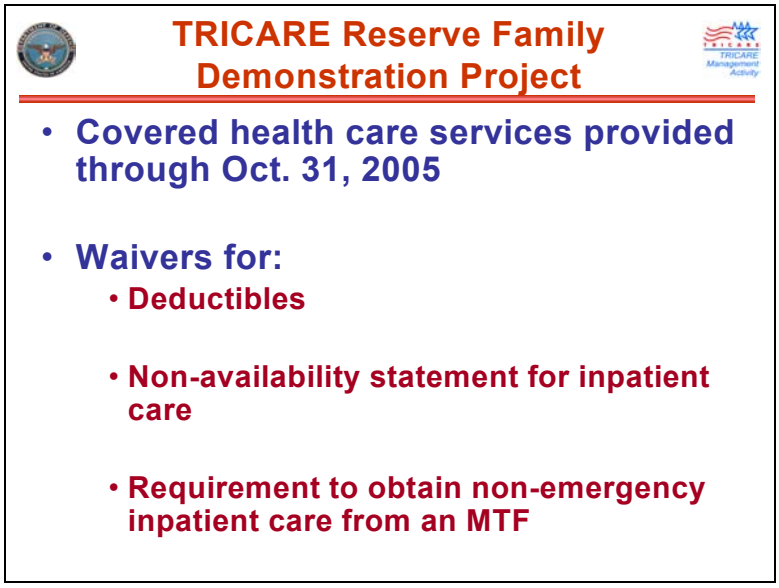
- However, coverage is not reflected in DEERS until the month following deactivation.
- RC members should ensure coverage is in effect by contacting UCCI at (800) 866-8499.
  - If the RC member does not ensure coverage is in effect and obtains dental care prior to the date of coverage as shown in DEERS, UCCI will automatically deny the claim.
  - RC members receiving a claims denial for services rendered between the time they are deactivated and the time coverage takes effect should contact the UCCI claims department and have their claim reprocessed.

Family members are not automatically reenrolled when the RC member leaves active duty status. They must be reenrolled.

Resources

Reserve Affairs has set up a www.defenselink.mil/ra/familyreadiness.html
Frequently asked questions can be found at www.ucci.com/was/ucciweb/tdp/faq.jsp

TRICARE Reserve Family Demonstration Project



- Reserve component family members are eligible for this demonstration project if the:
  - Reserve component sponsor is called to active duty under Executive Order 13223, 10 U.S.C. 12302, 10 U.S.C. 12301(d), or 32 U.S.C. 502(f). Such operations include, for example, Noble Eagle, Enduring Freedom, or Iraqi Freedom for more than 30 consecutive days.
  - TRICARE eligibility for these family members begins the day the sponsor is activated.
  - Demonstration applies to all covered health care services provided on or after September 14, 2001 through Oct. 31, 2005.
- Under the demonstration, the following applies to the Reserve component family members not enrolled in TRICARE Prime:
  - Waiver of annual outpatient deductibles under TRICARE Standard or TRICARE Extra
    - This covers all outpatient health care received through Oct. 31, 2005
  - Authority for TRICARE to pay above the TRICARE maximum allowable charges for care provided by non-participating providers
    - This covers all health care received through Oct. 31, 2005
  - Waiver of the requirement for a non-availability statement for non-emergency inpatient care
    - This covers all non-emergency inpatient care received through Oct. 31, 2005

2005 Permanent Reserve Health Benefit Program

Background

- The Ronald W. Reagan National Defense Authorization Act (NDAA) for Fiscal Year 2005 authorized permanent health care benefits for RC sponsors and family members.
  - Four sections are of particular interest:
    - Section 701: TRICARE Coverage for Members of the Reserve Component who Commit to Continued Service in the Selected Reserve after Release from Active Duty
    - Section 703: Permanent Earlier Eligibility Date for TRICARE Benefits for Members of the Reserve Component and their Family Members
    - Section 705: Authority for Payment by the United States of Additional Amounts Billed by Health Care Providers to Activated Reserves
    - Section 706: Permanent Extension of Transitional Health Care Benefits for Preseparation Physical Examination

Key Points of the Program

- Section 701 establishes TRICARE Select, a premium-based medical coverage for certain members of the Selected Reserve and their family members
  - Authorizes TRICARE Standard coverage for members of the Selected Reserve and their family members who have been activated for more than 30 days since September 11, 2001, in support of a contingency operation and commit to continued service in the Selected Reserve for one year or more.
  - For every 90 days of consecutive active duty service, the member and family members are eligible for one year of TRICARE Standard coverage while in a non-active duty status.
  - The RC member must pay a premium of 28% of the total determined by the Assistant Secretary of Defense, Health Affairs as being reasonable for TRICARE coverage.
  - The Department of Defense must implement this new program within 180 days of enactment which is April 26, 2005.
- Section 703 establishes requirements and procedures for implementation of the earlier TRICARE eligibility for certain RC members
  - RC members, who are issued delayed-effective-date active duty orders for more than 30 consecutive days in support of a contingency operation, are now eligible for permanent “early” TRICARE medical and dental benefits.
  - The new legislation which became law on October 28, 2004, authorizes TRICARE eligibility for up to 90 days prior to the member’s activation date for eligible RC members and their family members.

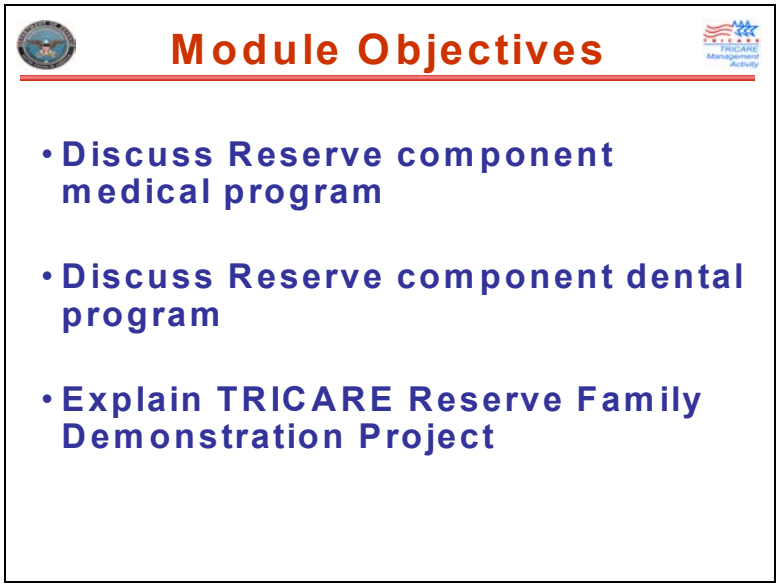
- Letters were sent to affected RC members to advise them of their eligibility for early TRICARE benefits in July and November 2004.
  - Since December 2004, members eligible for the early TRICARE benefit are being notified by their Service personnel office when they receive their delayed-effective-date active duty orders.
  - RC members who believe they are eligible for the early TRICARE benefit and have not received a letter may verify their eligibility through the secure Guard and Reserve Web portal Web site at https://www.dmdc.osd.mil/Guard-ReservePortal (if the Employer input page appears, click the "BACK" button located at the bottom of the Employer input page).
  - For assistance with an eligibility problem, RC beneficiaries should contact the Service Point of Contact (listed on the attachment and on the Web at www.tricare.osd.mil/reserve/reservepoc.cfm.)

- Cancelled Orders
  - RC members (and their family members) who are issued a delayed-effective-date active duty order that is cancelled prior to the member reporting for active duty are not covered by the USERRA protections pertaining to reinstatement in an employer-sponsored health plan.
  - RC members and their family members should be strongly encouraged to consider retaining their employer's health plan coverage until the RC member actually reports for active duty, at which time the RC member and family members are fully covered by USERRA.
  - The RC member and their family member will lose TRICARE eligibility upon the date the activation orders are cancelled.

o Section 705
- Allows DoD to protect the beneficiary from "balance billing" for an amount up to 15% above the TRICARE allowable charge.
- Authorizes TRICARE to pay non-participating providers up to 115 percent of the TRICARE allowable charge to providers who treat family members of the activated Selected Reserves.

o Section 706 extends permanently TRICARE benefits under the Transitional Assistance Management Program (TAMP) to 180 days for members who separate from active duty service effective October 28, 2004.

Summary


Module Objectives
• Discuss Reserve component medical program
• Discuss Reserve component dental program
• Explain TRICARE Reserve Family Demonstration Project